

**Corrective Action Plan to Accompany a Request for Payment
 For a Late Claim for Child Nutrition Reimbursement
 Under the One-Time Exception Category**

Please type or print information or affix label	Agreement no.:
	Sponsor name: Sponsor address:

- Child Nutrition Program (check one):
- Child Care Food Program
 - Adult Day Care Food Program
 - School Nutrition Program
 - Summer Food Service Program

Month and Year of Late Claim: _____ / _____

1. Explain in detail the problem(s) that contributed to the claim being late.
 (Use an additional page if needed.)

2. Detail the actions the sponsor is are taking to avoid a late claim in the future.
 (Use additional page if needed.)

Sponsor certification: By signing this form below we understand that this one-time request will be granted only if this Corrective Action Plan is approved by NSD and that only one late claim can be granted under this one-time category every three years.

Signatures

Person who is responsible for completing and submitting claims each month:

Person who signed the Agreement with NSD to operate the Child Nutrition Program:

Signature:	Signature:
Print Name:	Print Name:
Date:	Date:
Telephone:	Telephone: